



THRIFT SAVINGS PLAN LOAN APPLICATION

TSP-20

Please read the instructions on the back.
Please type or print your responses.

**I.
INFORMATION
ABOUT YOU**

1. Name: _____
Last First Middle
2. Date of Birth: _____
Month Day Year
3. Social Security No.: _____
4. Street Address: _____
5. City: _____ 6. State: _____ 7. Zip: _____
8. Daytime phone (area code and number): (____) _____
9. Do you have a dual appointment? ☐ Yes ☐ No
10. Pay Schedule (check box that indicates when you are paid):
☐ Weekly ☐ Monthly (once in each calendar month)
☐ Biweekly (every two weeks, 26 times a year) ☐ Other (specify) _____
☐ Semimonthly (twice in each calendar month, 24 times a year)

**II.
INFORMATION
ABOUT THE LOAN**

11. Amount of loan requested: (You must have at least \$1,000 of your own contributions and earnings in your account to be eligible for a loan; you may not borrow less than \$1,000.)
\$ _____
12. If the amount you requested is more than the amount of your account available for a loan, do you wish to borrow the maximum available to you?
☐ Yes ☐ No
13. Purpose of loan (check one only):
☐ Educational expenses ☐ Purchase of primary residence
☐ Medical expenses
To apply for a loan for financial hardship, you must use Form TSP-20-H.
See the instructions on the back for details.
14. Amount of time to repay:
_____ Year(s) and _____ Months

**III.
INFORMATION
ABOUT YOUR
SPOUSE**

15. Are you married (even if separated from your spouse)? ☐ Yes ☐ No
If yes, please give the name and address of your spouse:
16. Spouse's Name: _____
Last First Middle
17. Street Address: _____
18. City: _____ 19. State: _____ 20. Zip: _____
21. ☐ Check here if you do not know where your spouse is (or if special circumstances make it impossible to notify your spouse of your loan application or to obtain your spouse's consent for your loan).
22. ☐ Check here if Form TSP-16, Request for Waiver, is attached.

**IV.
CERTIFICATION
AND
SIGNATURE**

I certify, under penalty of perjury, that the above information is correct and true to the best of my knowledge. Warning: Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law and is punishable by a fine of as much as \$10,000 or imprisonment for as much as five years, or both.

23. Signature: _____ 24. Date: _____

**PRIVACY ACT
NOTICE**

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process and review your loan application. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the

Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses, and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.

INSTRUCTIONS

To apply for a loan, you must have at least \$1,000 of your own contributions and earnings in your account.

Before completing this application, read the booklet entitled, "Thrift Savings Plan Loan Program," which is available from your agency employing office. When you have completed the application, please send it to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61500
New Orleans, Louisiana 70161-1500

Do not send documentation for the amount of the loan with this form.

INFORMATION ABOUT YOU

1-7: Enter the requested information. *Please note that the address you provide on this form will be used only to return your loan agreement to you.* The loan check and all other correspondence regarding the loan will be sent to the address of record for your Thrift Savings Plan account. If the address on your last Participant Statement was incorrect, and you have not asked your agency to change it, please notify your agency personnel or payroll office immediately to ensure that the correct address is provided to the Thrift Savings Plan.

8: Daytime phone (area code and phone number). Enter your daytime phone number with area code. If you have an FTS number, write "FTS" in the area code field and the FTS phone number in the number field (e.g., (FTS) 555-1234).

9: Do you have a dual appointment? If you work at two different Federal Government jobs, this information may be considered in processing your loan.

10: Pay schedule. Your pay schedule is used to compute the amount of your loan payments. If you have a dual appointment, you should check the pay schedule of the payroll office that you want to handle your loan payments.

INFORMATION ABOUT THE LOAN

11: Amount of loan requested. You may not borrow more than the amount that you contributed to the Plan and the earnings on that amount. You may not borrow less than \$1,000. To figure out the maximum amount you can borrow, you should use the Worksheet for Estimating Maximum New Loan Amount in the Thrift Savings Plan Loan Program booklet.

You should also be aware that you will be responsible for providing documentation for the amount you wish to borrow, so you should not request more than you will be able to justify.

12: Requested amount too large. If the amount you requested is more than the amount of your account available for a loan, you should indicate whether you want to apply for the amount that is available. If you do, and your Loan Application is otherwise in order, we will send you a Loan Agreement for the available amount. If you do not, we will notify you that you are not eligible for the loan you requested.

13: Purpose of loan. You may use this application to apply for a loan for only the three purposes listed. To apply for a loan for financial hardship, you must use Form TSP-20-H, Hardship Loan Application. To obtain Form TSP-20-H, write to the TSP Service Office at the address above, or call (504) 255-6050.

14: Amount of time to repay. For a loan for medical or educational expenses (or for financial hardship), you have between one and four years to repay. For a loan for the purchase of a primary residence, you have between one and fifteen years to repay. If, for example, you want two and one-half years to repay your loan, enter

2	6
Year(s)	Months

INFORMATION ABOUT YOUR SPOUSE

15: Are you married (even if separated from your spouse)? If you are married, even if separated from your spouse, check the "Yes" box and complete Items 16 through 22. For your loan to be processed, it is important that you supply the requested information about your spouse.

21-22: Notification or consent of spouse not possible. There is a requirement that your spouse be notified of your loan application if you are covered by the Civil Service Retirement System (CSRS), or equivalent retirement plan, or give consent to your loan if you are covered by the Federal Employees' Retirement System (FERS), or equivalent retirement plan. If your spouse's whereabouts are unknown to you or if you are covered by FERS and exceptional circumstances make it inappropriate to obtain your spouse's consent, we will send you Form TSP-16, Request for Waiver. You may also be able to obtain Form TSP-16 from your agency employing office. If you have already obtained Form TSP-16, you may complete it, attach it to this form, and check the box for Item 22.

CERTIFICATION AND SIGNATURE

23: Signature. Please read the certification and sign your name.

24: Date. Enter the date you signed the form.